

Name  
to  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at		Town Kendall		County Garrett		MARYLAND							
Date of death		Month		Day		Age		Years		Months		Days	
1908		Dec		9		Age		1		6			
Sex Female				Color or Race White				Birth-place Maryland					
Occupation								Where Residing if not at place of death					
Married, Single or Widowed Single				Name of Wife or Husband									
Father's Name Walter E. Friend				Father's Birthplace Md									
Mother's Maiden Name Cora E. Savage				Mother's Birthplace Md									
Name of person giving information Walter E. Friend				How related to deceased Father									

## CAUSES OF DEATH

Primary		Membranous Croup		How long 3 days	
Immediate				How long "	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician A. Mason M.D.	
				Address Frederick Md	
Accident or Suicide?					

Sand Spring cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Engles Mill</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec.</i>	Day	<i>26</i>	Age	<i>31</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Years		Months	<i>February</i>
Occupation <i>Laborer</i>		Where Residing if not at place of death		Birth-place		<i>Pennsylvania</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace		<i>Pennsylvania</i>	
Father's Name <i>David Lindaman</i>		Mother's Maiden Name <i>First name unknown last name Voss</i>		Mother's Birthplace		<i>Pennsylvania</i>	
Name of person giving information <i>Samuel Sloughbaugh</i>		How related to deceased		How long		<i>not related</i>	

Caused by a 12-foot licheny log

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	<i>Falling upon him</i>	How long	
Immediate	<i>Fracture of Skull</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Death was instantly*



Name  
in  
Full

*McCabe*

CERTIFICATE OF DEATH

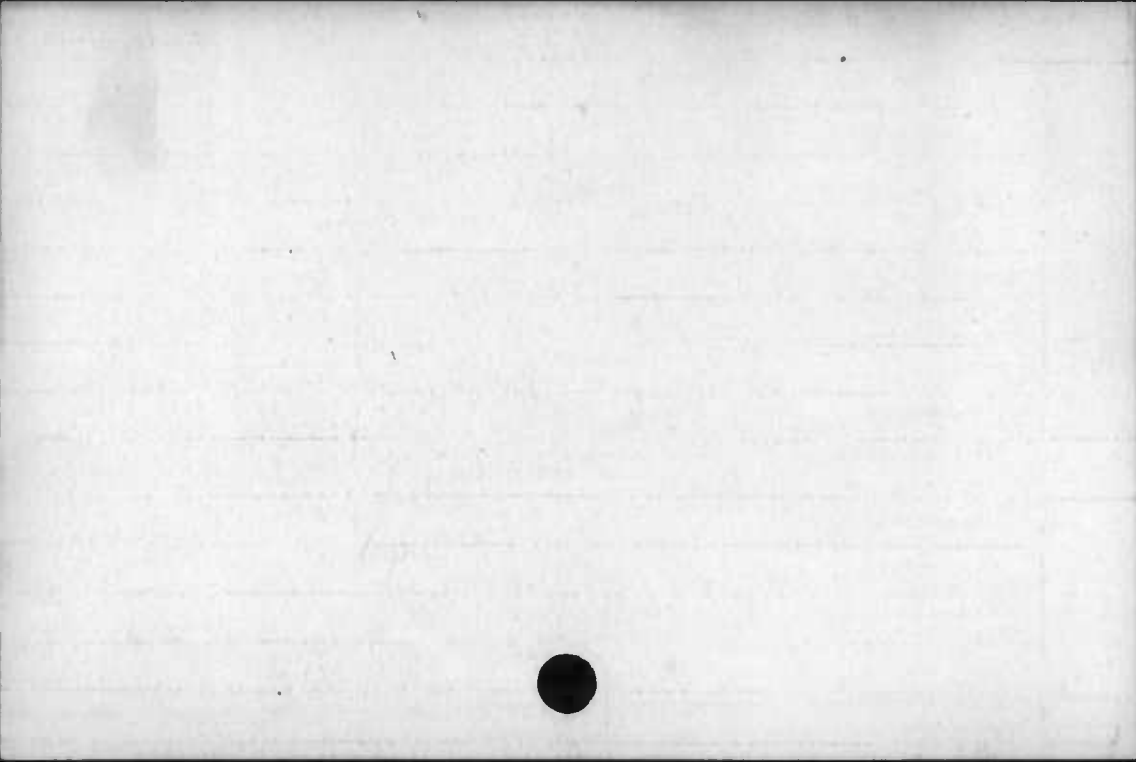
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Green</i>		Town <i>Green</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>5</i>		Age <i>Years</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Green</i>			
Occupation <i>2</i>				Where Residing if not at place of death <i>2</i>			
Married, Single or Widowed <i>2</i>				Name of Wife or Husband <i>2</i>			
Father's Name <i>Case McCabe</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Grace Kilmer</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>		How long <i>8</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. [Signature]</i>	
		Address <i>111 [Signature]</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1908	Month	Dec.	Day	26	Age	69
Sex	Female	Color or Race	White	Birth place	Somerset Co. Penn		
Occupation	House work			Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Ambrose Mc Kenzie			
Father's Name	Daniel Long			Father's Birthplace	Penna.		
Mother's Maiden Name	Elizabeth Long			Mother's Birthplace	Penna.		
Name of person giving information	Edw. Loraditch			How related to deceased	Son-in-law		

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Malignant tumor of abdomen	How long	Five months
Immediate	Malignant tumor of abdomen	How long	Five months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. G. Frazier M.D.
		Address	Frankel Md.
Accident or Suicide?			

Hofer

St. Michael Beer.



Name  
in  
Full

Mullin Earl McMillan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dist # 11 -</i> Town		<i>Garrett</i> County		MARYLAND		
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Garrett Co</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Hugh McMillan</i>		Father's Birthplace <i>Sonawsoning</i>				
Mother's Maiden Name <i>Maria Susan Clark</i>		Mother's Birthplace <i>Garrett Co</i>				
Name of person giving information <i>Hugh McMillan</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis from both</i>	How long <i>one month</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. Bullock M.D.</i>
	Address <i>Sonawsoning Maryland</i>
Accident or Suicide? <i>no</i>	



Name  
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Leonard W. Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

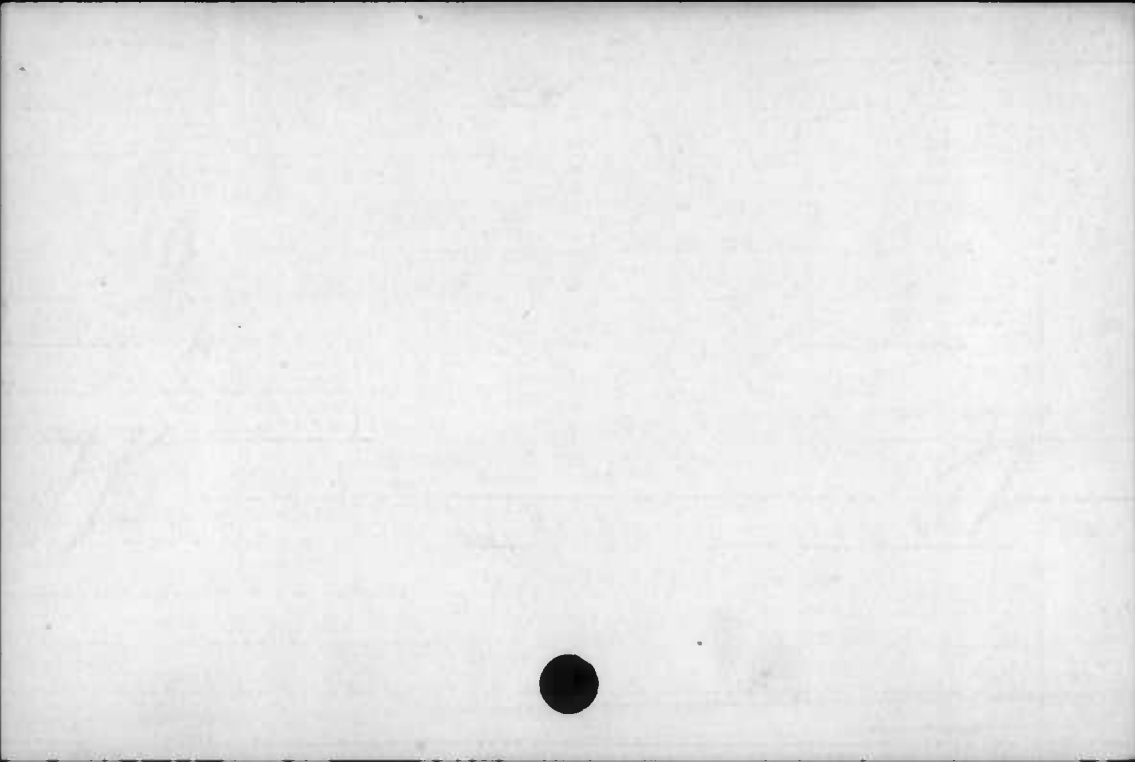
Died at <i>Accident</i>		Town <i>Garrett</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1908	Month	Dec.	Day	8 <sup>th</sup>	Age	4
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	2
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days		27	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>William Miller</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Burbara Kahl</i>		Name of person giving information <i>William Miller</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Heart failure</i>	How long	<i>all his life</i>
Immediate	<i>Heart failure</i>	How long	<i>all his life</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B. W. Briscoe M.D.</i>	
		Address <i>Accident Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendsville</i> <sup>Town</sup>		<i>Garrett</i> <sup>County</sup> Co		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>28</i>	Age <i>27</i>	Years <i>10</i> Months <i>14</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Addison Pa.</i>		
Occupation <i>Hotel Proprietor</i>	Where Residing if not at place of death <i>Friendsville Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Savilla Rose Liston</i>				
Father's Name <i>Charles A Mitchel</i>	Father's Birthplace <i>Addison Pa</i>				
Mother's Maiden Name <i>Sue Roderick</i>	Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>E. M Liston</i>	How related to deceased <i>Father in Law</i>				

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary <i>Atrophy of Liver</i>	How long <i>3 years</i>
Immediate <i>Heart Failure</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Mason</i>
	Address <i>Friendsville Md.</i>
Accident or Suicide? <i>Accident</i>	

